

## **Application Data Sheet**

12/12/06  
PAP20 Rec'd PCT/PTO 02 AUG 2006

### **Application Information**

Application number:: TBA  
Filing Date:: August 2, 2006  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?: NONE  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?: YES  
Computer Readable Form (CRF)?:: YES  
Number of copies of CRF:: 1  
Title:: DIAGNOSTICS AND THERAPEUTICS  
FOR DISEASES ASSOCIATED WITH  
PUTATIVE CYSTEINE PROTEASE 1 (PRS1)  
  
Attorney Docket Number:: 004974.01212  
Request for Early Publication?: NO  
Request for Non-Publication?: NO  
Suggested Drawing Figure::  
Total Drawing Sheets:: 2  
Small Entity?: NO  
Latin name::  
Variety denomination name::  
Petition included?: NO  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?: NO

## **Applicant Information**

Applicant Authority Type:: **Inventor**  
Primary Citizenship Country:: DE  
Status:: Full Capacity  
Given Name:: Stefan  
Family Name:: GOLZ  
City of Residence:: Essen  
State or Province of Residence::  
Country of Residence:: DE  
Street of mailing address:: Bückmannsmühle 46  
City of mailing address:: Essen  
State or Province of mailing address::  
Country of mailing address:: DE  
Postal or Zip Code of mailing address:: 45326

Applicant Authority Type:: **Inventor**  
Primary Citizenship Country:: DE  
Status:: Full Capacity  
Given Name:: Ulf  
Family Name:: BRÜGGEMEIER  
City of Residence:: Leichlingen  
State or Province of Residence::  
Country of Residence:: DE  
Street of mailing address:: Leysiefen 20  
City of mailing address:: Leichlingen  
State or Province of mailing address::  
Country of mailing address:: DE  
Postal or Zip Code of mailing address:: 42799

Applicant Authority Type:: **Inventor**  
Primary Citizenship Country:: DE  
Status:: Full Capacity  
Given Name:: Andreas  
Family Name:: GEERTS  
City of Residence:: Wuppertal  
State or Province of Residence::  
Country of Residence:: DE  
Street of mailing address:: Schucherstrasse 29  
City of mailing address:: Wuppertal  
State or Province of mailing address::  
Country of mailing address:: DE  
Postal or Zip Code of mailing address:: 42113

Applicant Authority Type:: **Inventor**  
Primary Citizenship Country:: DE  
Status:: Full Capacity  
Given Name:: Holger  
Family Name:: SUMMER  
City of Residence:: Wuppertal  
State or Province of Residence::  
Country of Residence:: DE  
Street of mailing address:: Katernberger Schulweg 3  
City of mailing address:: Wuppertal  
State or Province of mailing address::  
Country of mailing address:: DE  
Postal or Zip Code of mailing address:: 42113

Applicant Authority Type::	Inventor
Primary Citizenship Country::	DE
Status::	Full Capacity
Given Name::	Ralf
Family Name::	THIELE
City of Residence::	Borchen
State or Province of Residence::	
Country of Residence::	DE
Street of mailing address::	Ebbinghauser Str. 13,
City of mailing address::	Borchen
State or Province of mailing address::	
Country of mailing address::	DE
Postal or Zip Code of mailing address::	33178

### **Correspondence Information**

Correspondence Customer Number:: 22907

### **Representative Information**

Representative Customer Number:: 22907

## Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/EP2005/000610	22 January 2005

## Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
Europe	04002291.5	03 February 2004	Yes

## Assignee Information

Assignee name:: BAYER HEALTHCARE AG  
Street of mailing address::  
City of mailing address:: Leverkusen  
State or Province of mailing address::  
Country of mailing address:: GERMANY  
Postal or Zip Code of mailing address:: 51368